



Central Catholic High School

Sophomore Retreat: You are Called by Name

The theme of the Sophomore Retreat is "You are called by name." These retreats focus on our calling to be disciples of Christ. We pray, dialogue and do activities that engage in life's questions of Who am I called to be? Who do I rely on? What are my goals?

WHAT: Sophomore Retreat

WHEN: Weds. Oct. 8 – Thurs. Oct. 9, 2008

Other opportunities during the year, listen for announcements to know when to register:

Mon. Feb. 9 – Tue. Feb. 10, 2009

Weds. April 29 – Thurs. April 30th 2009

We meet at CCHS at 5:45 pm and return by 2pm on the next day

WHO: 40 Sophomores

Retreats are lead by a team of 6- 8 juniors/seniors and at least 3 faculty members

**WHERE: Rolling Ridge Retreat Center (978-682-8815)
660 Great Pond Road, North Andover, MA**

COST: \$55 Total Cost (pay in full or submit \$10 deposit with application followed by \$45 by retreat date). Please make checks payable to CCHS. Cost includes transportation to and from the retreat facility, lodging, snacks and meals, and all retreat materials.

Scholarships are available – please speak with Mr. Maduabuchi, Ms Desjardins or Sr. Terry Gauvin. No student will be denied the opportunity for a retreat experience because of a financial situation.

Each retreat is limited to 40 sophomores. To sign up, please submit the attached permission slip with deposit (\$10) or full payment (\$55) to Campus Ministry. Checks may be made out to CCHS.



Cost: \$55

Print name _____ **F** _____ **M** _____ **HR** _____

CENTRAL CATHOLIC HIGH SCHOOL

300 HAMPSHIRE ST. • LAWRENCE, MA 01841

(978) 682-0260 FAX (978) 685-2707

PARENTAL CONSENT FORM

***A STUDENT WILL NOT BE PERMITTED TO PARTICIPATE
WITHOUT THIS COMPLETED FORM***

TRIP: Sophomore Retreat

DATE: ___ Weds. Oct. 8 – Thurs. Oct. 9, 2008

LEAVE FROM: CCHS at 5:45 pm RETURN TO: CCHS by 2:00 pm

TRAVEL BY: bus or van

CURRICULUM OBJECTIVE: To deepen relationship with God, self and others.

1. I request that CCHS take _____ on the above named trip.
The student agrees to abide by the rules and regulations established by the trip moderator.
2. Students are expected to behave properly and adhere to the rules. Any violations of school rules and regulations will be dealt with firmly. Any serious violation will result in a student being sent home at the student/parents own expense, as well as other school imposed sanctions.
3. The parent/guardian will pay for any damages directly or indirectly caused by the above named student.
4. Students with particular medical conditions or students under medication must bring this to the attention of the trip moderator before the trip.
5. Central Catholic and their representatives are not liable for any accidents or injuries that might occur.
6. The parent/guardian agrees to give permission to the trip moderator to make emergency medical decisions in the event it is necessary and the parent/guardian cannot be reached by phone.
7. I authorize the school official or any other trip chaperone, presented with a reasonable suspicion, to search for and seize any item my child may have that violates a criminal or school rule or provides evidence of a criminal law or school rule violation.

MEDICAL POLICY NAME

MEDICAL POLICY NUMBER

HOME ADDRESS

PARENT/GUARDIAN PHONE NUMBER

EMERGENCY NAME & PHONE NUMBER

PARENT NAME/CELL PHONE NUMBER(S)

KNOWN ALLERGIES OR MEDICAL CONDITIONS

SIGNATURE OF PARENT/GUARDIAN